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CONFIRMATION NO. 7601

<b>SERIAL NUMBER</b> 10/764,057	<b>FILING OR 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 17273 CON1 CIP1 (AP)
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/121,076 04/12/2002 which claims benefit of 60/289,337 05/07/2001  
 This application 10/764,057  
 is a CIP of 09/989,295 11/20/2001 PAT 6,723,353  
 which is a CON of 09/388,968 09/02/1999 PAT 6,358,935  
 which claims benefit of 60/098,854 09/02/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 04/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: _____ Initials: _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**  
51957

**TITLE**  
Prednisolone compositions

<b>FILING FEE RECEIVED</b> 1812	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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